

FILED JAN 2 1951

STANDARD CERTIFICATE OF DEATH

42565
State File No. 10806

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u> <u>5800-Arsenal St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2137</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.,</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>5800 Arsenal St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) _____		c. (Last) <u>Mack</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>11,</u>		(Year) <u>1950.</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>about</u> <u>24</u>		9. AGE (In years last birthday) <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>6</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Elijah Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Mack</u>		14. NAME OF HUSBAND OR WIFE <u>???</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary Records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperhensioe Cardio vascular</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disease 1948 plus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ 19a. DATE OF OPERATION _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4443X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 6,</u> 19 <u>48,</u> to <u>Dec. 11,</u> 1950, that I last saw the deceased alive on <u>Dec. 11,</u> 19 <u>50,</u> and that death occurred at <u>9:45 pm.,</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Palmer Rousine Bowdich W D O</u> (Degree or title)				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>6</u>		24b. DATE <u>DEC 19 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Bond</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>DEC 19 1950</u>		REGISTRAR'S SIGNATURE <u>J B Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary</u> Address <u>St. Louis 10, Mo.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~, or by _____

Students of Mortuary Science
working under my personal supervision.

Student Embalmer No.

Signed _____

James A. Lammner

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.